| PETITION FO | R 1.136(a) | Docket No. 99879-00006 | | | |
|---|------------------------|---|---|---------------------|------------------------|
| In Re Application C | Of: Ira M. Marlowe | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
| 19(7) 20° | 12/10/2003 | Kurr, Jason R. | 27614 | 2615 | 6895 |
| DEC 2 6 2006 | Device Integration S | ystem | | | |
| | | COMMISSIONER FOR PAT | ENTS: | | |
| • | nder the provisions of | 37 CFR 1.136(a) to extend the entified application. | ne period for filii | ng a response to | the Office Action |
| The requested exte | • | heck time period desired): onths | ☐ Four m | nonths \Box | Five months |
| from: | 11/08/2006 | until: | | 08/2007 | ··· |
| | Date | | 1 | Date | |
| ☑ Applicant cla | ims small entity statu | s. See 37 CFR 1.27 | | | |
| The fee for the exte | ension of time is | \$225 and is to be pa | aid as follows: | | |
| ☐ A check in th | e amount of the fee i | s enclosed. | | | |
| ☐ The Director Deposit Acco | | to charge any fees which ma | y be required, c | or credit any ove | rpayment, to |
| | | s required, please consider th posit Account No. 503571 | is a petition the | erefor and charge | e any additional |
| WARNING: I | | D-2038 is attached. form may become public. C credit card information and | | | I not be |
| Mark | E.M. Signature |] | Dated: /2/ | 22/06 | ٠ |
| Mark E. Nikolsky | | | | | |
| Registration No. 48,319 | | | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as | | |
| McCarter & English, LLP Four Gateway Center | | | first class mai | il in an envelop | e addressed to the |
| 100 Mulberry Street | | | 22313-1450" [37 | CFR 1.8(a)] on | k 1450, Alexandria, VA |
| Newark, NJ 07102 Tel: (973) 639-6987 | | | 19129106 (Date) | | |
| Fax: (973) 297-6624 | | | and town | | |
| 8/2006 WASFAW1 00000037 503571 10732909 | | | Signature of Person Mailing Correspondence | | |
| 1 FC:22:52 225.00 DI | A | | | Janelle Fava | |
| 1 | | | Typed or Printe | d Name of Person Mo | ailing Correspondence |